



MONTANA BOARD OF MEDICAL EXAMINERS
301 S PARK, P O BOX 200513
HELENA, MT 59602
406-841-2364

License No. _____
Status: _____
Date: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Your Montana Podiatrist license will expire on October 31st.

YOU MAY ALSO RENEW ONLINE, GO TO: <https://app.mt.gov/renewal/>

OR

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for **\$200.00** make payable to the Board of Medical Examiners. Do not send cash. Canadian Residents pay in U.S. funds only.
- 4) Renewal with a U.S. Postal Service postmark after October 31st will be assessed a penalty fee by state law of \$150.00, for a total of \$350.00. NO WAIVER OF PENALTY FEE!
- 5) Sign and date the renewal form.
- 6) Return the renewal application and fee to the Board office postmarked by October 31st.
- 7) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the Board office completed and postmarked by October 31st.

Please confirm the following information and make any changes necessary.

Work Phone: _____ Home Phone: _____

YOU MUST ANSWER ALL QUESTIONS BELOW. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE EXPLAIN IN DETAIL

- ☐ Yes ☐ No Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?
- ☐ Yes ☐ No Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call not otherwise reported to the Board or the MPAP?
- ☐ Yes ☐ No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?
- ☐ Yes ☐ No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges?
- ☐ Yes ☐ No Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT AN ACUPUNCTURIST HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE OCTOBER 31 DEADLINE, WILL HAVE A COMPLAINT FILE OPENED, AND THE POSSIBILITY OF THE UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL. IN ORDER TO AVOID BEING REFERRED TO THE COMPLAINT PROCESS, LICENSEES WHO DO NOT WISH TO PRACTICE MAY REQUEST THAT THE LICENSE BE LISTED AS EXPIRED.

- ☐ Yes ☐ No - **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____

DO NOT SEND CASH

Date: _____